

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jun 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32397** (2)
1. Corporation Name
WORTH AVENUE LIMITED, INCORPORATED



Principal Place of Business 9801 LAKE NONA ROAD ORLANDO FL 32827	Mailing Address 9801 LAKE NONA ROAD ORLANDO FL 32827-7017
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2. Principal Place of Business 21 5448 HOFFENBACH AVE Suite, Apt. #, etc. 22 SUITE 302 City & State 23 ORLANDO Zip 24 32812		2a. Mailing Address 26 AS 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 10/12/1990	3a. Date of Last Report 07/25/1996
4. FEI Number 98-0106623		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DEVERELL, CHRISTOPHER 2811 PARKLAND DR. ORLANDO FL 32803		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re/instating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVERELL, CHRISTOPHER J.	1.2 NAME	
STREET ADDRESS	9801 LAKE NONA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCKELL, BARRY C.	2.2 NAME	
STREET ADDRESS	105 PARK STREET, W1Y 3FB	2.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUNLEY, JOHN B.	3.2 NAME	
STREET ADDRESS	105 PARK STREET, W1Y 3FB	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNNING, CHRISTOPHER J.	4.2 NAME	
STREET ADDRESS	105 PARK STREET, W1Y 3FB	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONDON, ENGLAND	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **DEVERELL** 6.17.97 (407) 306 306

CR2E034 (9/96)